

RECEIVED
CENTRAL FAX CENTER
JUL 15 2008

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	15712738300
FROM	G2 Technology Law
DATE	2008-07-15 21:52:35 GMT
RE	App Serial No. 10/603,581 65 pages total

COVER MESSAGE

See attached RCE after Allowance with IDS and Fee charge Authorization.

—
Heinz Grether PC
G2 Technology Law
512-389-3821
512-750-5847 mobile
HGrether@G2TechLaw.com
CONFIDENTIALITY NOTICE

This email is covered by the Electronic Communications Privacy Act 18 USC §§2510-2521 and its contents may be confidential, proprietary and/or privileged. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or the information contained herein is prohibited. If you have received this email in error, please immediately notify the sender by return email and delete this email from your system. Thank you.

G2 Technology Law

HEINZ GRETHER PC & GREG GOSHORN PC
PO BOX 40610
AUSTIN, TEXAS 78704

RECEIVED
CENTRAL FAX CENTER
JUL 15 2008



FACSIMILE TRANSMITTAL SHEET TO THE COMMISSIONER OF PATENTS USPTO

ATTN: Commissioner of Patents

FAX NO: 571-273-8300

FROM: Heinz Grether PC (Cust. No. 58,417)

DATE: 15 July 2008

RE: Copy of response with return receipt postcard

APPLICATION
RIAL NO 10/603,581

OUR REFERENCE NO: MNKYP004B

65 (Total Number of Pages Including Cover)

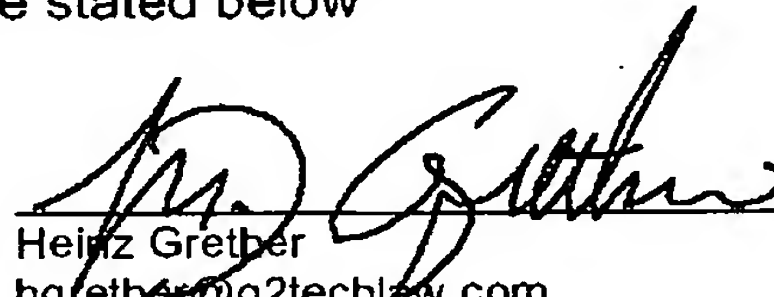
Attached Please find the following documents

- | | |
|---|-----------------------------|
| 1. Fax Cover (2) | 5. Fee Calculation (1) |
| 2. Transmittal Form (1) | 6. Charge Authorization (1) |
| 3. Request for Continued Examination (1); | |
| 4. Information Disclosure Statement; (2) | |
| a. Form 1449 (5) | |
| b. Copy of Non-Patent References (52) | |

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date stated below

Date: 15 July 2008


Heinz Grether
hgrether@g2techlaw.com
512-389-3821
512-750-5847

RECEIVED
CENTRAL FAX CENTER

JUL 15 2008

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**990.00**

Complete if Known

Application Number	10/603,581
Filing Date	24 June 2003
First Named Inventor	Gould
Examiner Name	Meky, Moustafa M.
Art Unit	2157
Attorney Docket No.	MNKYP004B

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

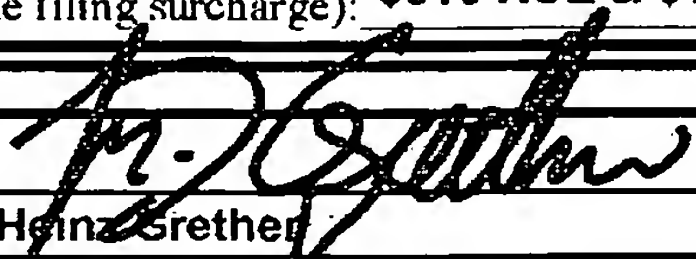
Other (e.g., late filing surcharge): **\$810 RCE & \$180 IDS Fee**

Fees Paid (\$)

\$990.00

SUBMITTED BY

Signature


Registration No.
(Attorney/Agent)

34,611

Telephone 512-670-5847

Name (Print/Type)

Heinz Grether

Date MNKYP004B

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.